

Applying the Service Limitations for Mental Health and Substance Abuse Services Covered Under the BadgerCare Plus Benchmark Plan

This table describes how service limitations may apply to a BadgerCare Plus Benchmark Plan member's coverage for mental health and substance abuse services. All service limitations are calculated per member per enrollment year.

Examples for Applying the Benchmark Plan Service Limitations
<p>Scenario 1: Mental Health Services</p> <p>A 16-year-old member enrolled in the Benchmark Plan receives mental health services:</p> <ul style="list-style-type: none"> The member is hospitalized for three days and receives \$5,000.00 worth of inpatient mental health treatment. The member is discharged from the hospital and enters child/adolescent mental health day treatment. She receives \$2,000.00 worth of day treatment. The total dollar amount paid for this member is now \$7,000.00. <p>For the duration of the enrollment year:</p> <ul style="list-style-type: none"> Most mental health services will be covered for this member as necessary; however, the member only has 27 days of inpatient mental health treatment before she reaches the 30-day service limitation and her hospital stays for mental health are considered noncovered. Any substance abuse services that the member might require are not covered because she has already reached the \$7,000.00 overall dollar amount limit for this enrollment year.
<p>Scenario 2: Substance Abuse Services</p> <p>A member enrolled in the Benchmark Plan has a diagnosis of alcohol dependence and receives substance abuse treatment:</p> <ul style="list-style-type: none"> The member receives \$1,700.00 worth of outpatient substance abuse treatment. The member subsequently enters substance abuse day treatment. He receives \$1,000.00 worth of day treatment services. The total dollar amount paid for this member is now \$2,700.00. This amount accumulates toward both the overall dollar amount limit of \$7,000.00 and the non-hospital substance abuse dollar limits. <p>For the duration of the enrollment year:</p> <ul style="list-style-type: none"> The member has reached the \$2,700.00 limit that restricts substance abuse day treatment services. Any further substance abuse day treatment services will not be covered. The member still has \$1,800.00 worth of other outpatient substance abuse coverage available. If the member requires mental health treatment at any point, the mental health services will be covered; however, the amount paid for them will accumulate toward the \$7,000.00 overall dollar amount limit and may restrict substance abuse service coverage if the \$7,000.00 limit is exceeded.

Examples for Applying the Benchmark Plan Service Limitations

Scenario 3: Hospitalization

A member enrolled in the Benchmark Plan has a substance abuse problem that requires hospitalization:

- The member is admitted as an inpatient to an acute care general hospital for substance abuse treatment. Within five days, he has received \$6,500.00 worth of inpatient treatment and is released from the hospital.
- The dollar amount limit for inpatient substance abuse treatment at an acute care general hospital is \$6,300.00 so the member is responsible for the additional \$200.00. The member only has \$500.00 left until he reaches his overall dollar amount limit for the enrollment year.
- The member follows up his hospitalization with outpatient substance abuse counseling.

For the duration of the enrollment year:

- The member could receive up to \$500.00 worth of substance abuse treatment, such as the outpatient substance abuse counseling, day treatment services, or a hospital stay in an IMD. After that, all further substance abuse treatment is considered noncovered.
- The five days in the general hospital also count toward the inpatient mental health service limitation. If the member requires a hospitalization for mental health treatment, he has 25 days of available coverage before he reaches the 30-day limit.

Scenario 4: Mental Health Services, Substance Abuse Services, and Reimbursement

A member enrolled in the Benchmark Plan seeks help for depression, an opiate addiction, and alcohol dependence. She receives both mental health and substance abuse services:

- The member is briefly hospitalized for depression and receives \$4,000.00 worth of inpatient mental health treatment.
- The member enters outpatient mental health treatment after her hospital stay. The member simultaneously receives narcotic treatment services for an opiate addiction. The amount paid toward the outpatient mental health treatment totals \$1,000.00. The narcotic treatment totals \$500.00. She has now received \$5,500.00 worth of treatment.
- The member is diagnosed with alcohol dependence and enters substance abuse day treatment to manage her substance abuse problems. The amount paid toward substance abuse day treatment is \$1,000.00. The member continues her mental health counseling, which totals an additional \$700.00. The member has now expended a total of \$7,200.00 on mental health and substance abuse services.

Reimbursement procedures for this situation are as follows:

- The mental health provider in the previous bullet point submitted a claim for services before the day treatment provider. The member had received \$5,500.00 worth of treatment before these two services were billed.
- The mental health provider's claim is processed first and the provider is reimbursed in full. That brings the total reimbursement to \$6,200.00.
- The substance abuse day treatment provider is only reimbursed for \$800.00, which is the amount remaining before the overall dollar amount limit (\$7,000.00) is reached.
- The member can be balance billed for the difference between the Benchmark Plan reimbursement rate and the amount paid by the Benchmark Plan. (In this case, \$1,000.00 reimbursement - \$800.00 paid = \$200.00 billed to the member.)

Examples for Applying the Benchmark Plan Service Limitations
Scenario 4: Mental Health Services, Substance Abuse Services, and Reimbursement (Continued)
For the duration of the enrollment year:
<ul style="list-style-type: none">Any further substance abuse services will not be covered. Even though the dollar limits for inpatient hospital stays for substance abuse and for non-hospital substance abuse services have not been reached, coverage has exceeded the overall dollar amount limit of \$7,000.00.Mental health services will still be covered as long as the member does not exceed her 30-day limit on inpatient hospital days.